STATE OF NEW JERSEY NOTIFICATION OF ASBESTOS ABATEMENT (PURSUANT TO NJAC 8:60-7 AND 12:120-7

| | | | NOTIFICA | TION OF A | SBESTOS | ABATEME | | | / | 11 11 | 7900 | | | | |
|--|----------------|--|--|--|---|--|--|---|------------|--------|-----------------------------------|--|--|--|--|
| Date of Notification | (1) | THE RESERVE OF THE PARTY OF THE | (PURSUA | THE PERSON NAMED IN COLUMN 2 IS NOT THE OWNER, THE OWNE | AC 8:60-7 A Building O | distribution of the last of th | THE RESERVE AND ADDRESS OF THE PERSON NAMED AND ADDRESS OF THE | | hec | KH. | VIUL | | | | |
| 06 / 20 | / 17 | | | | DEVELOPM | | rator (2) | leaner. | F @ | | | | | | |
| | / | | | Street Ad | | | | lin ì | E (6) | EI | WEN | | | | |
| Agencies Notified | Type of N | otification | | 570 COM | MERCE BL | VD | | | | | | | | | |
| ☑ EPA | | Initial | | _ | e, Zip Code | | | lin | | | - 111 | | | | |
| ☐ DEP | V | Amended | | | ADT, NJ 070 | | | | 1111 | 4 4 | 2047 | | | | |
| ☑ DOH | | Amendment | #1_ | Name of | Contact | | | Telepho | ne Nůmb | | 2011 | | | | |
| ☑ DOL | | | v/ justification | DOMINIC | K TUCCI | | | | | | - | | | | |
| | | Cancellation | | | | | | | | | | | | | |
| | | | I | FACILITY I | NFORMATI | ON | | , | | CENSIA | VIRULATION | | | | |
| Name of Facility Wh | | nent is Taking | Place (3) | | Type of Fa | acility (4) | | | | 1 | Paralle photography in the second | | | | |
| FORMER MERCK U | NION | | | | | Cabaal (II | (40) | | | | | | | | |
| Street Address | | | | | | School (K | | K 40 | | | | | | | |
| 1011 MORRIS AVE | | | | | | | er 8 (Other t | | | | | | | | |
| TOTT WORKS AVE | | | | | | | ., private & comes, etc.) | mmercia | ı | | | | | | |
| City (5) | County (6 | 1 | County Code | (7) | Square Fe | | # Of Floors | | Building | a Aao | | | | | |
| UNION | UNION | , | County Code | (1) | 100000 | ,000 | # OI FIOOIS | | Building | g Age | 1 | | | | |
| | | | | | | | being demo | | + | 40 + | | | | | |
| | 1 | | | | | PRODUCT | | nisneu) | | 40 + | | | | | |
| Name of Monitoring | Firm Hirad | by Bldg Own | ner (8) | ASCM NO | | NODUCT | ION | | | | | | | | |
| or mornioring | illeu | J Didg. OWI | 10. (0) | LAGOINI INC | 1' | | | | | | | | | | |
| EHI | | | | | NORTHST | AR CONT | RACTING GF | OHD IN | | | | | | | |
| Street Address | | | | | Street Add | | VACTING GR | OOF, INC | <i>.</i> . | - | | | | | |
| 655 WEST SHORE 1 | ΓRΔII | | | | Street Add | uress | | | | | | | | | |
| City, State, Zip Code | | | | | 22 14/:11: | - DI | | | | | | | | | |
| | ARTA, NJ 07871 | | | | | 32 Williams Parkway City, State, Zip Code | | | | | | | | | |
| | | | | City, State | e, Zip Code | | | | | | | | | | |
| Project Mngr. For M | onitoring F | irm | Telephone Nu | mber | | | | | | | | | | | |
| WILLIAM KIERBIL | (40) | 10.1.1.0 | 973-729-5649 | | | ver, NJ 079 | 936 | γ. | | | | | | | |
| Sheduled Start Date | | And the second of the second o | oletetion Date (1 | / | Telephone | e Number | | License | Number | | | | | | |
| 07_//05_ | / | 12/ | // | 17 | 070.00 | | | | | 0000 | | | | | |
| O | / > | / / / / | <u> </u> | | | 34-8682 | | | 0 | 0860 | | | | | |
| Occupancy Status D | | | | | | OSHA Moni | | OLID INC | | | | | | | |
| Abateme | | ted During En | tire Period of | | NORTHSTAR CONTRACTING GROUP, INC. | | | | | | | | | | |
| | | d Outside of N | Inner Feetlin | | Street Address | | | | | | - 1 | | | | |
| Abateme | escribe: | a Outside of r | Normal Facility | | 22 Milliama Darkway | | | | | | | | | | |
| | | 7.00 414 0.00 | DNA | | 32 Williams Parkway | | | | | | | | | | |
| Other - D | escribe: | 7:00 AM-3:30 | PIVI | | City, State, Zip Code East Hanover, NJ 07936 | | | | | | | | | | |
| Scope of Work (Che | ck All That | Apply) | | | Last Hano | ver, NJ 079 | 130 | | | | | | | | |
| _ | | | | | | · | | | | | | | | | |
| Demolitic | | ✓ | Renovation | | | | th Negative I | ressure | | | 4 | | | | |
| | | | | | Mini - Enc | | | | | | 1 | | | | |
| ≥160 sf o | r ≥260 IT | | | | | Procedure | | I - D | | | | | | | |
| | | | | \checkmark | Non-Exem | ipted (*) an | id Non-Friab | le Proced | lure | | | | | | |
| Location o | · f | ls | 1 | Descript | ion of | | 1 | Abatama | nt Tuno | | | | | | |
| Asbestos Cont | 333 | Location | ٨٥ | bestos - C | | | | Abateme R | I Type | E | ĮΕ | | | | |
| 7.0000000000000000000000000000000000000 | uning | Normally | l As | Material | | | Amount | E | R | N | N | | | | |
| TO BE ABAT | FD | Used | n | e., therma | | | (Specify | M | E | C | C | | | | |
| in Facility | | Solely | | 200 | facing, VAT | - | SF or LF) | Ö | P | A | L | | | | |
| (13) | | by Main- | | | ellaneous) | | JOI UI LF) | V | A | P | 0 | | | | |
| (13) | | tenance/ | | outer misc | onaneous) | | 1 | Ă | l'î | S | s | | | | |
| | | Custodial | | | | | 1 | Ĺ | R | U | U | | | | |
| | | Staff (12) | | | | | | - | 1,, | L | R | | | | |
| | | YES NO N/A | | | | | | | + | - | 1. | | | | |
| U2 | | I I I | VAPOR BARR | IFR PADE | ? | | 3,000 SF | V | - | | 1 | | | | |
| U2 | | | CEILING PLAS | | ` | | 1,080 SF | \sqrt{\sq}\}}\sqrt{\sq}}}}}}}\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sq}}}}}}}\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sq}}}}}}}}\sqrt{\sqrt{\sq}}}}}}}}}}}}}}}}}}}}}}}}}}}}}}}}}}}} | | 1 - | 1 | | | | |
| U2 | | | | 14,000 SF | \[\sigma\] | | 1 - | | | | | | | | |
| | | | | | | | 60 LF | | | 1 1 | | | | | |
| | | | | | Mama of P | onictorod | | V | | | | | | | |
| Name of Registered Waste Hauler NJDEP Waste C | | | | | I.E.S.I. | Registered | Lanunii | | | | | | | | |
| NEWARK CARTING Hauler ID No. Ya | | | | | I.E.S.I. | | | | | | | | | | |
| 4509 of W | | | | | | | | | | | | | | | |
| NEWARK, NJ | | | | Disposal | City. State | | 105 | | | | | | | | |
| INCUMENTAL INJ | | | | Date | te BETHLEHEM, PA 18105 | | | | | - 1 | | | | | |
| Completed by (Print | or Type) | | Title | | Signature Date | | | | | | | | | | |
| Completed by (Fillit | or type) | | l'ille | Date | | | | | 1 | | | | | | |
| Steve Stiles | Aloren Abel | | | | | 07 | 7/10/17 | | | | | | | | |

| Location of | Is | Description of | | Abateme | ent Type | | |
|--|--|---|---------------------------------|---------------------------------|--|--|-----------------|
| Asbestos Containing TO BE ABATED in Facility (13) | Location Normally Used Solely by Maintenance/ Custodial Staff (12) | Asbestos - Containing Material (ACM) (I.e., thermal systems insulation, surfacing, VAT, or other miscellaneous) | Amount (Specify SF or LF) | R E M O V A L | R E P A | E N C A P S U | E N C L O S U R |
| | YES NO N/ | A | | | | - | |
| J2 | | PIPE & FITTING | 60 LF | V | П | | |
| J2 | | VAT/MASTIC | 1,080 SF | 7 | | | |
| J2 ROOF | | ROOF TAR | 5 SF | 1 | | | |
| | | | | | | | |
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| - | | | | ⊢⊢ | | | 1 |
| | | | | <u> </u> | | 1 - | - |
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| | | | 1 | | 1 | | 1 |



| Committee | E | P | B | n | Prir | t-Form |
|-----------|----------|---|-----|---|------|---|
| IJ, | <u> </u> | U | 느 | U | U | |
| \bigcap | | | | | | And a control of the |
| 3. 2.5 | | | - 1 | 1 | 0047 | 12 4 7 7 |

| 4101 | (Pursuant to NJAC 8:60 and 12:120) | | | | | | | | | | | | | | | |
|---|---------------------------------------|--------------|----------------------------------|---|------------------------|---|-----------------|----------------|--|----------|----------------------------|--------|---------|-------------|-------------|-----------|
| Date of Notification (1) 7/10/17 | 7/10/17 | | | | | Owner/C /ersity, | | | of Princetor | ı Üni | versity | 001 | - | | ev i i | |
| Agencies Notified EPA | Type Notification | | | Street A EA Mo | ddress Millan E | Building |] | | | | ASE | | | COI | | OL 8 |
| DEP DOL | Amended Amendment | | | | ite, Zip Co ton, NJ | | ļ. | | e a a librogramme de la companya de | | 1 | | | | | |
| DOH DCA | Emergency justification) Cancellation | 10 0.70 | | Name of Bob O | f Contact rtego | | | | | Tel | enhone | Mumb | nor | | | |
| | | | | FACI | LITY INFO | DRMATI | ON | | | | | | | | | |
| Name of Facility Where A Princeton | Abatement is Takin | g Place (3) | | | | | | Ту | pe of Facility (4 School (K-12 | | | | | | | |
| Street Address 143 McCosh Circle | | | | | | | | × | Subchapter 8 Other (i.e. pretc.) | | | | build | ings, | home | es, |
| City (5) Princeton | | | | | | | | | uare Feet 800 | # of | Floors | | 0.00 | dg. A)+ | ge | |
| County (6) Mercer | | | | | Code (7) JSE ONLY | | | | rrent Use (Prior esidential | r if bei | ng dem | olishe | d) | | | |
| Name of Monitoring Firm ATC Associates | Hired by Building | Owner (8) | | ASCN | I No. | | | | batement Contices, LLC | ractor | (9) | | | | | |
| Street Address 3 Terri lane | | | | | | | Street 303 I | | ress ational Road | d | | | | | | |
| City, State, Zip Code Burlington, NJ | |) | | | | | | | , Zip Code PA 19341 | | | | | | | |
| Project Manager for Moni Mike Keehn | roject Manager for Monitoring Firm | | | | | | Teleph | none | N. 1907 - A. 1907 - 1907 - 1907 - 1907 - 1907 - 1907 - 1907 - 1907 - 1907 - 1907 - 1907 - 1907 - 1907 - 1907 - | | Licens | | | | | |
| Start Date (10) 7/24/17 | Start Date (10) Scheduled | | | | | | | of C | SHA Monitor | | | | | | | - |
| Occupancy Status During | Abatement (Chec | k Only One |) | Street Address | | | | | ress | | | | | | | |
| ➤ Facility Closed/Vaca | ited During Entire | Period of A | batem | | | | | า | | | | | | | | |
| Abatement Performe Other – Describe: _ | ed Outside of Norn | nal Facility | Hours | urs City, State, Zip Code Cinnaminson, NJ | | | | | | | | | | | | |
| Scope of Work (Check Al | l That Apply) | | | | | | _ | _ | | | | | | | | |
| ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf | | Participant | enova emoliti | 33700 | | | × | | Full Containmer Mini-Enclosure Glovebag Proce | edure | | | | | _ | |
| | | Τ | - 12 | | | | <u> </u> | <u> </u> | Non-Exempted | () and | J NON-F | паріе | | 27/AV 17 | ment | |
| Location | of | | _ocati ormall | 2.552 | | Dor | scription | of | | | | | - | | ре | |
| Asbestos-Containing TO BE ABA In Facili | Material (ACM) | Mair | Solei Solei Solei Solei | nce/ | | tos Cont thermal | aining M | later s ins | | (8 | mount specify or LF) | | Ren | Re | Encap | Encl |
| (13) | 9 | Yes | (12) No | N/A | | | niscellan | | | O, | 0, 2, | | Removal | Repair | Encapsulate | Enclosure |
| Baseme | ent | 100 | 140 | X | | Duct | seam i | tanı | 2 | 1 | 5 SF | - | X | | | _ |
| Dadonii | | | | / | | Duot | Scarri | шр | + | | 0 01 | - | Λ. | | | - |
| ¥(| | | | | | 100000000000000000000000000000000000000 | | | | | | | | | | |
| Name of Registered Was | l Ni | JDEP W | aste. | Cubic | Varde | | Name of R | enieto | red Lan | dfill | | | | | | |
| Waste Management | 115-200 | auler ID | | of Was | | | GROWS | | | A1111 | | | | | | |
| City, State Trenton, NJ | | | | 0 11 | | | sal Date | | City, State Morrisvil | | Α | | | | | |
| Completed by Jack Bally | npleted by Title | | | | ner | | ignature | | / A A | , i , | Date 7/10/17 | | | | | |
| , | oject Manager | | | | -All | K | 15ally | | y | .,,,, | -, , , | | | | | |

| 2h013555 | State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to NJAC 8:60 and 12:120) | | | | | | | | | And the second s | | | | | |
|---|---|--------------------------------------|------------------------------|------------------------|-------------------------------|--|---------------|--|----------------|--|---------------------|--|--------|--|-----------|
| Date of Notification (1) 07-10-17 | | | Name o | of Building | Owner/0 | Operator | (2) | | | JUL | 1-1 | -20 | 1/ | | 1 |
| | Notification nitial | | | Address ARK PLA | AZA | | | 1 m m m | ASB | ESTO LIC | S C ENS | ONT | ROL | & | |
| DEP A | mended mendment # | | | ate, Zip C | | 2 | | | - | The state of the s | Proposition with an | Territoria de la constitución de | | ASSESSED AND ADDRESSED ADDRESSED AND ADDRESSED AND ADDRESSED ADDRESS | |
| IX DOH ☐ ju | mergency (includin stification) ancellation | ıg | | of Contact Philpott | | | | | Te | lenhone | - Nun | nher | | | |
| N | | | FAC | ILITY INF | ORMAT | ION | | | - 1 | | | | | - | |
| Name of Facility Where Abatemer PSEG EAST RIVERTON Street Address | SUBSTATION | (3) | | | | | H | of Facility (School (K-1 Subchapter | 2) 8 (Oth | er than | K-12 | ·) | | | |
| 545 NORTH READ AVEN | IUE | | | | | | × | Other (i.e. petc.) | rivate | & comn | nercia | al build | dings, | hom | es, |
| City (5) CINNAMINSON, NJ | | | | | | | | re Feet | # o | f Floors A | 3 | | ldg. A | ge | |
| County (6) BURLINGTON | | | County (STATE | Code (7) USE ONLY |) | | | nt Use (Pri TCHING | | | nolish | ed) | | | |
| Name of Monitoring Firm Hired b | y Building Owner (| 8) | ASCI N/A | И No. | | | | tement Cor ronmenta | | | , Inc | | | | |
| Street Address N/A | | | | | | Street 17 O | | s ck Road | | | | | | | |
| City, State, Zip Code N/A | N/A | | | | | | | p Code NY 1198 | 80 | | | | | | |
| Project Manager for Monitoring F N/A | | Telepho N/A | ne No. | | Teleph 631-9 | one No 924-8 | | | Licen 0113 | |). | | | | |
| Start Date (10) 07-20-17 | Schedu 12-20 | | 7 WRS | | | | | IA Monitor ronmenta | al Ser | vices | , Inc | | | | |
| Occupancy Status During Abater | ment (Check Only C | One) | Street Addre | | | | | The state of the s | | | | | | | |
| Facility Closed/Vacated Dur Abatement Performed Outs Other – Describe: Work per | ide of Normal Facili | ty Hour | rs City, State, Zip Code | | | | | | | | | | | | |
| Scope of Work (Check All That A | | | | | | rapn | iank , | NY 1198 | 50 | _ | | | | | |
| ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf | X | Renova Demoli | | | | × | Min Glo | Containme i-Enclosure vebag Prod i-Exempted | edure | | | | | 9 | |
| Location of | | ls Locat Norma | 2500 | | Do | arintian | | | | | | | | ment | |
| Asbestos-Containing Material TO BE ABATED In Facility (13) | (ACIVI) M | sed Sole laintena stodial (12) | nce/ Staff? | Asbes (i.e. | tos Cont thermal surfac | Description of Containing Material (AC rmal systems insulation surfacing, VAT, or her miscellaneous) | | | (8 | mount Specify F or LF) | | Remova | Repair | Encapsulate | Enclosure |
| | Yes | No | N/A | | | | | | | | | | | ate | 0 |
| 26 KV Switching ya | rd | | X | Transit | | | | onduit) | 40 | 00 LF | | X | | | |
| Control house | | Х | | Elec | trical w | /ire | | 20 | 00 LF | | x | | | | |
| Name of Desisters III | | | | | T a · · | | | | | | | | | | |
| Name of Registered Waste Haule Waste Management Service | | | IJDEP W lauler ID 7273 | | of Was | | | Name of R | | | | | | | |
| City, State Newark NJ 07114 | | Disposal Date TBD | | | | City, State Morrisvi | | PA 19 | 9067 | 6 | | | | | |
| Completed by Raymond Tutiven | ect Ma | Signature Signature | | | | | Date 07-10-17 | | | | | | | | |

| Ch 200 | 547 | NO | | | ΓΙΟΝ | | ES1 | rsey FOS ABAT 50 and 5:16 | | DEC | E | | \mathbb{V} | E | |
|---|-----------------|----------------|--------|---------------|-----------------|----------------|---|---|--------------------|------------------------|----------------|------|--------------|-------------|-----------|
| Date of Notification (1) | 10 / | 17 | | T | Name o | | Own | er/Operator (2 | 2) | JU | L 1 | 1 | 201 | 7 | |
| | | | | 4 | 0307000 | | 353331 | | | | 71-777-91-1-11 | | | | |
| Agencies Notified | Type Notifica | tion | | 1 | | Address | m A. | | | ASBEST | ros c | OI | VTR | OL 8 | |
| ⊠ DOLWD | ☐ Amended | | | - | | Anderso | | enue | | | ICENS | AIE | ig. | | |
| ☑ DHSS | Amendme | nt # | _ | 1 | | tate, Zip C | | | | | | | 345204.500 | | |
| ☐ DCA | ☐ Emergend | | ng - | | | reville, N | | | | T-Ib No. | | | | | _ |
| (NJAC 5:23-8) | justificatio | | | - 1 | | of Contact | | | | Telephone Nu | mber | | | | |
| | ☐ Cancellati | on | | | | Baylor | | | | 1. | | | | | _ |
| | | | | | FAC | ILITY IN | FOR | MATION | | | | | | | |
| Name of Facility Where A | Abatement is Ta | aking Plac | e (3) |) | | | | | Type of Facility | D1129 | | | | | |
| Verizon | | | | | CO (55-11-11-11 | | 1000 | | School (K-12 | 2) 8 (Other than K- | 12) | | | | |
| Street Address | | | | | | | | | Other (i.e., p | | | ouil | dings | , | |
| 617 Anderson Aver | nue | | | | | | | | homes, etc.) | | | | | | |
| City (5) | | | | | | | | | Square Feet | # of Floors | E | | g. Ag | е | |
| Cliffside Park, NJ 0 | 7010 | | | | | | | | 10,000 | 3 | | 50 | 0 | | |
| County (6) | | | | | Count | ty Code (7) | (STAT | E USE ONLY) | Current Use (Pr | ior if being demo | olished) | | | | |
| Bergen | | | | | | | | | | | | | | | |
| Name of Monitoring Firm | Hired by Build | ing Owne | (8) | A | SCM N | No. | Nam | ne of Abateme | ent Contractor (9) | vi. | | | | | |
| USA Environmenta | I Managaem | ent Inc. | | | | | J١ | /N Restorat | ion Inc | | | | | | |
| Street Address | | | | | | | Stre | et Address | | | | | | | |
| 8436 Enterprise Av | | | | | 47 | Foster Ro | ad | - 53 | | | | | | | |
| City, State, Zip Code | | | | | City | State, Zip Co | ode | | | | | | | | |
| Philadelphia, PA 19 | 153 | | | | | | St | aten Island | NY 10309 | | | | | | |
| Project Manager for Mon | itoring Firm | | Т | elep | hone N | No. | Tele | phone No. | | License No. | | | | | |
| Mark Jenkins | | | | 21 | 5-365- | 5810 | 71 | 18-605-6256 | | 00774 | | | | | |
| Start Date (10) | S | cheduled | Com | pleti | on Dat | e (11) | Nan | ne of OSHA M | lonitor | | | | | | |
| 07 /31 / | 17 | 12 | / _ | 31 | _ / _ | 17 | Te | estor Tech | | | | | | | |
| Occupancy Status During | Abatement (C | Check only | one |) | | | | | | | | | | | |
| ☐ Facility Closed/Vacate | ed During Entir | e Period o | f Ab | atem | nent | | n Avenue | | | | | | | | |
| Abatement Performed | | | | | | cribe | City | State, Zip Co | ode | | | | | | |
| Time of Abatement: _ | AM | PM/ <u>5:0</u> | 10PN | 1- <u>1:</u> | 30AM | | LIC NY 11101 | | | | | | | | |
| Scope of Work (Check a | I that apply) | | - | | | | | ☐ Full Containment with Negative Pressure | | | | | | | |
| П. Э. « Э. И | | N . | | | | | | □ Full Con □ Mini-Enc | | gative Pressure | | | | | |
| ≥3 sf or ≥3 lf>160 sf or >260 lf | | - | Reno | | | | | | g Procedure | | | | | | |
| | | | | | | | | ☐ Non-Exe | mpted (*) and No | on-Friable Proce | | | | | |
| | | | Is Lo | | | | | | | | 1 | Aba | teme | ent Ty | ре |
| Location | | , U | | rmal Sole | ly by | Acho | ctoc (| Description of Containing Ma | | Amount | 1 2 | 00 | Re | E | Ē |
| Asbestos-Containing TO BE ABA | ATED | h | /laint | | | | | mal systems | | (Specify | Nemova | 3 | Repair | cap | Enclosure |
| IN Facil | | C | | lial S 12) | Staff? | | S | urfacing, VAT | , or | SF or LF) | 2 | 2 | | Encapsulate | ure |
| (13) | | Ye | | No. | N/A | | otr | er miscellane | ous) | | | | | ē | |
| Basement A/C Room | 1 | | - | | | Floor T | ile aı | nd Mastic | | 600SF | 0 | 3 | | | |
| Basement Air Dyer F | Room | | |] | | Floor T | ile a | nd Mastic | | 100SF | 2 | 3 | | | |
| Basement Men's room Hallway | | | | | | Floor T | ile a | nd Mastic | | 75SF | 0 | 3 | | | |
| Basement Stair Landing | | | | | | Floor T | ile a | nd Mastic | | 45SF | | | | | |
| Traine or regional reactions | | | | | JDEP V | | 100000000000000000000000000000000000000 | ic Yards of | | istered Landfill | | | | | |
| Newark Carting | | | | | | D No. 66 | Was | | G.R.O.W. | S., Inc. | | | | | |
| City, State | | | | | | | | oosal Date | City, State | Total Carlo | | | | | |
| Hackettstown, NJ | | | | | | | 08/25/17 Morrisville,PA | | | | | | | | |
| Completed By (Print or Type) Title | | | | | | Signature Date | | | | | | - | | | |
| Ralph Barnhardt | Manager Manager | | | | John . | 1. 11 | 2 | 07 | | 0 - | 50 | 1 | | | |

| | CV | 780 |
|---------|---------------|-----|
| D&S Pro | oj. #: 17-185 | NU |

State of NJ Notification of Asbestos Abatement (Pursuant to NJAC 8:60 and 12:120)

| (D) | E | C | E | | \mathbb{V} | E | n |
|-----|----|------|------|---|--------------|--|---|
| | | | 1 | 1 | 2017 | and the state of t | |
| | OF | 1076 | 20.0 | | ITDO | | |

| | | | | | | | The second secon | 11 1 1 | 201 | 7 | | /// | | | | |
|--|--------------------------|--------------------------|-------------------|-----------------|-------|------------------------|--|-------------------------|--------|----------------|--------|-----|--|--|--|--|
| Date of Notification (1) | | Name of | Building Ow | ner/Operator (2 | ?) | | | 11 | 701 | | 200000 | 4 | | | | |
| 0 7 / 0 5 / 1 7 | | williar | n o'shea | | | | | | | | | | | | | |
| Agencies Notified Type Notifica | ition | Street Ad | idress | | | | 7 | TOS CO | | 101 | O. | + | | | | |
| - I Amandad | - 11 | | | | | | The second secon | L. I V. / L. I V C. / (| VQ. | office under | | _ | | | | |
| Amendment # | . 15 | City, Stat | te, Zip Code | | | | - | | - | | | | | | | |
| | | Fair I | awn, NJ 07 | 410 | | | | | | | | | | | | |
| DOH (including | 11 | Name of | | 710 | - | | Telephor | ne Number | - | | | | | | | |
| DCA justification | - 11 | | | | | | T clopilor | ic riamber | | | | | | | | |
| Cancellatio | n | Willia | m o'shea | | | | | | | = | | | | | | |
| Name of facility where abatement | ic taking pl | 200 (2) | FAC | ILITY INFORM | IATIC | ON | T- (5 %) | · · · | | | | | | | | |
| | is taking pi | ace (3) | | | | | Type of Facility (| (4) ol (K - 12) | | | | | | | | |
| william o'shea | | | | | | | Subch | apter 8 (Ot | her ti | han k | (-12) | | | | | |
| Street Address | | | | | | | Other (| (Private/Co | mme | | | | | | | |
| | | | | | | | | Homes, et | | В | ldg. A | ae | | | | |
| City (5) | Cou | nty (6) | | | | ounty Code (7) | | | | | J | | | | | |
| Fair Lawn | DE. | RGEN | | | (St | tate use only) | Current Use (Prior if being demolished) | | | | | | | | | |
| Name of Monitoring Firm Hired by | The second second | | | ASCM No. | L | Name of Abatement | Contractor (9) | | | | | | | | | |
| 37 | • | . , | | ACCIVITIO. | | D & S RESTOR | | | | | | | | | | |
| Street Address | | | | - | - | Street Address | ATION, INC. | | | _ | | | | | | |
| | | | | | | 20 California A | ve | | | | | | | | | |
| City, State, Zip Code | | | | | - | City, State, Zip Code | | | - | - | - | | | | | |
| | | | | | | Paterson, NJ 07 | | | | | | | | | | |
| Project Manager for Monitoring Firm | 1 | T | Phone Numb | er | - | Telephone Number | 303 | License N | Numb | er | | | | | | |
| | | | | | | 973-345-8020 | | | 169 | 228 | | | | | | |
| Start Date (10) | ISched | . Comple | etion Date (1 | 1) | - | Name of OSHA Mon | itor | | | | | | | | | |
| | | | | , | | D & S Restorati | ion, Inc. | | Sin | | | | | | | |
| 07/19/17 Occupancy Status During Abatemer | 08/10 | | | | _ | Street Address | | | | | | | | | | |
| Facility closed/vacated during | | 75 | tomont | | | 20 California Av | | | | | | | | | | |
| Abatement performed outside | of normal | od or aba facility ho | atement. Durs- | | | City, State, Zip Code | | | | | | | | | | |
| Describe: NORMAL H | | , | | | _ | D | | | | | | | | | | |
| | | | | | | Paterson, NJ 07 | | | | | | | | | | |
| Scope of Work (check all that apply >3 sf or >3 if | | | | | | | Full Containment w | /negative p | ress | ure | | | | | | |
| | Renovatio | | | | | | Mini-enclosure Glovebag procedur | | | | | | | | | |
| ≥160 sf or ≥260 lf | Demolition | 25 | | | | | Non-Exempted (*) | | iable | proc | edure | į | | | | |
| Location of | Is location by mainte | n normal | ly used solely | | | | | | R | R | Е | E | | | | |
| asbestos-containing material (acm) to be | staff(12) | | ustoulai | Description | n of | asbestos-containing | Amount (Specify S | E or | e m | e p | n | n | | | | |
| abated in facility (13) | Yes | No | N/A | material (/ | ACM) |) | (Specify S | FOR | 0 V | a | a | C | | | | |
| | | .,, | 1077 | | | | | | e | r | р | L | | | | |
| BASEMENT | | $\square X$ | | PIPE INSU | LAT | ION | 120 l ft | | | | | | | | | |
| | | | | | | | | | | | | | | | | |
| | | | CH JUL | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | |
| Posiotored Wests Hall | | | | | | | | | | | | | | | | |
| Registered Waste Hauler D & S RESTORATION, INC. | NJDE 135 | P Haule | | ubic Yards of W | Vaste | 3 | | COMER | , | | | | | | | |
| City, State | | - | Disposal D | yds. ate | - | TULLYTOWN, City, State | KESOUKCE RE | COVERY | (| Albert and the | | | | | | |
| PATERSON, NJ 07503 | | | 07/20/1 | | | TULLYTOWN, | PA | | | | | | | | | |
| Completed by (Print or Type) | Title | | | Signature | | 1 | | Date | | - | - | | | | | |
| BOGDAN JOLDZIC | PRESID | ENT | | | | | | 07/05/2 | 017 | | | | | | | |

| Date of Notification (1) 07-07-17 | | Name of Building Owner/Operator (2) Orange & Rockland Utilities | | | | | | | | | | | | | | |
|---|---|---|-------------------------------------|--|---|--------------------------|---|--|----------------------------------|--|----------------------------|----------|-----------|---------|-------------|-----------|
| Agencies Notified EPA DEP DOL | Type Notification X Initial | t# | | Street A 1 Blue City, Str Pearl | Address e Hill Plaza ate, Zip Code River, NY | a e | | | | Office of the state of the stat | | | 1 | 1 | 201 | 7 |
| DOH DCA | justification Cancellation | , , | | Gerar | f Contact d Friedler | | | | | l T≏ | lenhone | Numi | oer | | | |
| Name of Facility Where | Abatement is Takir | ng Place (3 | 3) | FAC | ILITY INFOR | RMAT | ION | Туре | of Facility (| | 1100 | <u>L</u> | <u>GE</u> | NSI | ig | OL 8 |
| Street Address 275 West Grand Av | renue | | | | | | | × | Subchapter Other (i.e. petc.) | 8 (Oth | | | buil | dings | , hom | es, |
| City (5) Montvale | | | | | | | | | are Feet | | f Floors | | | Bldg. A | \ge | |
| County (6) Bergen | | | | | Code (7) USE ONLY) | | | | ent Use (Pri R Substat | | ing dem | olishe | d) | | | |
| Name of Monitoring Firm Roco Rescue, Inc. | Hired by Building | Owner (8) | | ASC | ЛNo. | | 17472976 | | atement Cor Environm | | | | | | | |
| Street Address 7077 Exchequer Dr | ive | | | | | | Street 200 E | | ess d Street | | | | | | | |
| City, State, Zip Code Baton Rouge, LA | | | | | | | | | Zip Code NJ 07072 | 2 | | | | | | |
| Project Manager for Mon Dennis O'Connell | | Telepho 1-800- | ne No. 406-7626 | | Teleph 201-9 | | | | Licens 0075 | | | | | | | |
| Start Date (10) 07-20-17 | | Schedule 08-31-1 | | npletion | Date (11) | | | | HA Monitor alytical, In | IC. | | | | 777 | | |
| Occupancy Status During Facility Closed/Vaca Abatement Performed Other – Describe: | ated During Entire and Outside of Norr | Period of A | baten | Street Address 307 West 38th Street City, State, Zip Code New York, NY 10018 | | | | | | | | | | | | |
| Scope of Work (Check Al | I That Apply) | | | | | | INCW | | , 141 100 | 10 | | | | | | |
| ≥3 sf or ≥3 lf x ≥160 sf or ≥260 lf | | - | enova emolit | | | | × | Full Containment with Negative Pressure Mini-Enclosure Glovebag Procedure Non-Exempted (*) and Non-Friable Procedure | | | | | | | | |
| Location | of | N | Locati | ly | | Dog | cription | | | | | | | Abate | ement pe | |
| Asbestos-Containing TO BE ABA In Facili (13) | Material (ACM) | Mai | d Sole ntenar odial S (12) | nce/ | (i.e. the | Cont ermal surface | Description of Containing Material (ACM mal systems insulation, urfacing, VAT, or leer miscellaneous) | | | (5 | mount Specify or LF) | | Removal | Repair | Encapsulate | Enclosure |
| Ground: Elec | tric Box | , 50 | | × | Ele | ectric | Cable | Wra | р | 1,5 | 500LF | | x | | | |
| | | | | | | | | | | | | | | | | |
| Name of Davidson 124 | | | | | | | | | | | | | | | | |
| Name of Registered Was ATC, Inc. / JBT (500) | | | Н | JDEP W auler ID 1310 | No. | Cubic of Was BD | Yards ste | | Name of F Minerva | | | | | | | |
| City, State Shirley, NY / Bronx, N | NY | | | | | Dispos | al Date | χ, | City, State | | OH 44 | 4688 | | | | |
| Completed by Kevin Moriarty | Manager Signaturé Date 07-07-17 | | | | | 17 | | | | | | | | | | |

| | | | | | | , | | * * ** * | | | | |
|--|-----------------------------------|----------------------|--|-----------------------------|--------------------|---------------------------------------|------------|---------------|------------------|---------|-------------|-----------|
| Date of Notification (1) 07/06/2017 | | Name (ROB | of Building O ERT ABDE | wner/Opera ELLHA | ator | (2) | m_ | EC | E | | | |
| Agencies Notified Type Notification | | Street | Address | | | | T Pro | | | | | 1 |
| EPA Initial | | | | | | | | | 1 1 | 201 | 7 | |
| DEP Amended Amendment | # | City, St | ate, Zip Code OKA HARE | BOR NIC | 197 | 24 | 1 4 | JUL | | | - | *000000 |
| Emergency (| | | of Contact | OHINO | 007 | | | phone NI | 373 | 72171 | 201 | 1 |
| DOH justification) DCA Cancellation | | | IE ABDELL | _AH | | | Tefe | phone Ni | I advided in the | 11(1) | | Ci. |
| Name of Facility Where Abatement is Taking | Place (2) | FAC | ILITY INFOR | RMATION | | T | | | | | | |
| RESIDENTIAL | g Flace (3) | | | | | Type of Facility | | | | | | |
| Street Address | | | | | \dashv | School (K- Subchapte | | r than K-1 | (2) | | | |
| | | | | | | Other (i.e. etc.) | private & | commerc | cial bui | ldings | , hom | es, |
| City (5) LANOKA HARBOR | | | | | | Square Feet | | Floors | | Bldg. A | \ge | |
| County (6) | | County | Code (7) | | _ | 2195 | 2 | | | 113 | | |
| OCÉÁN | | (STATE | Code (7) USE ONLY) | | | Current Use (Pr RESIDENTI | or if bein | ig demolis | shed) | | | |
| Name of Monitoring Firm Hired by Building C ACER ASSOC. | Owner (8) | ASCI | M No. | Nar AS | me d SSI | of Abatement Co URED ENVIF | ntractor (| (9) NTAL S | ERVI | CES | INC | |
| Street Address 1012 INDUSTRIAL DRIVE | | | | | | Address CLEMS RUN | | | | | | |
| City, State, Zip Code WEST BERLIN NJ 08091 | | | | | | ate, Zip Code LICA HILL NJ | 1 08062 | | | | | |
| Project Manager for Monitoring Firm | | Telepho | ne No. | | | one No. | 00002 | License 1 | No. | | | |
| MATT DEPALMA | | 856-8 | 09-1202 | 61 | 10-3 | 304-4676 | | 01145 | NO. | | | |
| 07/13/2017 | 07/14/201 | Linot | | | | | | | | | | |
| Occupancy Status During Abatement (Check | | | Street Address 200 RT. 130 NO | | | | | | | | | |
| Facility Closed/Vacated During Entire P | eriod of Abate al Facility Hou | ement | | | | | 111 | | | | | |
| Abatement Performed Outside of Norma Other – Describe: RESIDENTIAL-VAC | ANT | | City, State, Zip Code CINNAMINSON NJ 08077 | | | | | | | | | |
| Scope of Work (Check All That Apply) | | | | | | | | | | | | |
| ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf | ✓ Renor | vation | | | X | Full Containm | | Negative I | Pressu | ire | | |
| | | | | | ~ | ✓ Mini-Enclosure ✓ Glovebag Procedure | | | | | | |
| | T . | -278 | | | Ш | Non-Exempte | d (*) and | Non-Frial | ole Pro | | | |
| Location of | Is Loca Norm | | | _ | | 2 | | | | | ement pe | |
| Asbestos-Containing Material (ACM) | Used So | lely by | Asbestos | Descripti Containing | | aterial (ACM) | Am | nount | | | | |
| TO BE ABATED In Facility | Mainten Custodia | | (i.e. the | ermal syste surfacing, \ | ems | insulation, | | ecify | Re | Z. | nca | Enc |
| (13) | (12 |) | | ther miscel | | | SF (| or LF) | Remova | Repair | Encapsulate | Enclosure |
| | Yes No | N/A | | | | 85 | | | <u>a</u> | | ate | Гe |
| BASEMENT | | Х | PII | PE INSU | LA | TION | 145 | 5 LF | X | | | |
| | | | | | | VIEW 10.00 | | | | | | |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| Name of Registered Waste Hauler | | NJDEP W Hauler ID | 2005 (F 200) | Cubic Yards | 3 | 4 | | ed Landfil | | | | |
| ASSURED ENVIRONMENTAL SER | 003489 | | 0 | | MINEF | RVA LAI | NDFILL | | | | | |
| City, State MULLICA HILL NJ | | | oisposal Da 17/14/201 | | City, Stat WAYN | e ESBUR | RG, OH | | | | | |
| Completed by | | Signature | | | | E 53 | 91 | | | | | |
| RON SWANSON | ERAL MANAGER | | | | Lance Ch | CUISO | 1 0 | 7/06/ | 2017 | | | |

| Date of Notification (1) 06/26/2017 | Name of Building Owner/Operator (2) ROBERT ABDELLHA | | | | | | | | | lare lare | | | | |
|---|---|---|-----------------|------------------------|-------------|----------------------|--|--------------------|-------------------|--------------|--------|-----------------------|-------------|-----------|
| Agencies Notified Type Notification | | Str | eet Ad | ldress | - | | | 11) | | <i>J</i>) [| , | /4/ | 브 | 7 |
| EPA Initial Amended Amendment | | City | , State | e, Zip Code KA HARE | BOR N | NJ 087 | 734 | | J | JL 1 | 1 | 201 | 7 | |
| DOH Emergency justification) DCA Cancellation | 10.00 mm | 100000000000000000000000000000000000000 | | Contact ABDELL | _AH | - | стинет, по | TT | elephone | Numi | oer-: | 1-p-p | ROL | & |
| | | | FACIL | ITY INFOR | MATI | ON | | 7114114 | | LICE | ICN | NO. | | |
| Name of Facility Where Abatement is Takin RESIDENTIAL | g Place (3) | | | | • | | Type of Facility School (K- | D11 51 | | | | | | |
| Street Address | | | | | | , | Subchapte Other (i.e. etc.) | er 8 (Of | | | | dings | , hom | es, |
| City (5) LANOKA HARBOR | | | | | | | Square Feet 2195 | # 2 | of Floors | | | 8ldg. <i>F</i> 113 | \ge | |
| County (6) OCEAN | | | | ode (7) SE ONLY) | | | Current Use (PI RESIDENT | rior if b | eing dem | olishe | d) | | | |
| Name of Monitoring Firm Hired by Building ACER ASSOC. | Owner (8) | P | SCM | No. | | Name ASS | of Abatement Co URED ENVIR | ontracto | or (9) MENTAL | SE | RVI | CES | INC | |
| Street Address 1012 INDUSTRIAL DRIVE | | | | | | | Address CLEMS RUN | | | | | 7.00 | | |
| City, State, Zip Code WEST BERLIN NJ 08091 | | | | | | | state, Zip Code LICA HILL No | J 080 | 62 | | - | | | |
| Project Manager for Monitoring Firm MATT DEPALMA | | phone 6-80 | e No. 9-1202 | | | none No. 304-4676 | | Licens 0114 | | 1 | | | | |
| Start Date (10) 07/06/2017 | Comple 017 | tion Da | ate (11) | | Name EMS | of OSHA Monitor | r | | | | | | | |
| Occupancy Status During Abatement (Chec | k Only One) | 1 | | | - | | Address | | | | | | | |
| Facility Closed/Vacated During Entire F Abatement Performed Outside of Norm Other – Describe: RESIDENTIAL-VAC | Period of Ab al Facility H CANT | atement lours | | | - | RT. 130 NOR | | | | | | | | |
| Scope of Work (Check All That Apply) | | | | | | CINI | NAMINSON N | 1080 |)// | | - 110- | | | |
| ≥3 sf or ≥3 if ≥160 sf or ≥260 if | Second | novation molition | | | | 7 | Full Containment with Negative Pressure Mini-Enclosure Glovebag Procedure Non-Exempted (*) and Non-Friable Procedure | | | | | | _ | |
| | ls Lo | ocation | | | | | 2 Non-Exemple | 1 | III NOII-I | Hable | | Abate | | : |
| Location of | No | rmally Solely by | . | | Des | cription | of | | | - | | Ту | ре | |
| Asbestos-Containing Material (ACM) TO BE ABATED | Maint | enance/ | - 1 | Asbestos (i.e. the | Conta | ining M | laterial (ACM) s insulation, | 215 | Amount Specify | | 77 | | En | m |
| In Facility (13) | | dial Staff 12) | ? | | surfaci | ing, VA | T, or | | F or LF) | İ | Remova | Repair | Encapsulate | Enclosure |
| (10) | Yes | No N | /A | Ů. | alei III | iscellali | eous) | | | | val | ¥. | ulate | sure |
| BASEMENT | | 7 | X | PII | PEIN | ISULA | TION | | 75 LF | 1 | X | | | |
| | | | | | | - 200-110 | | | | | - | | | |
| | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | |
| Name of Registered Waste Hauler ASSURED ENVIRONMENTAL SEF | 34 1.8788 | P Was r ID N 895 | | ubic Y f Wast | | | | ered Lan ANDFII | | | | | | |
| City, State MULLICA HILL NJ | | * | | | | al Date /2017 | City, Stat WAYN | | JRG, O | Н | | | | |
| Completed by RON SWANSON | IERAL MANAGER Signature Conference Of 126/26/2 | | | | | | | /2017 | | | | | | |

| Date of Notification (1) | | | | | Mana | of Duildie | - 0 | 0) | H JUI | 11 | 201 | 7 | 111 | | | | | |
|--|---|--------|--------|-------|-----------------|--------------|--|---------------------------------------|-----------------------|-------------|---------------------|-------------|-----------|--|--|--|--|--|
| 07 / | 07 / | 17 | | | L Ness N | | g Owner/Operator (| 2) | 1 2 | -, - | | . / | Source | | | | | |
| | / | | | | SCI | 1001 HOU | se Properties | | | 2 | -2 | <u></u> | 1 | | | | | |
| Agencies Notified | Type Notifica | ation | | | Street | Address | | 1 | ASBEST | OS CO | MIL | IUL | ČL | | | | | |
| ⊠ EPA | ☐ Initial | i i | | | 9 U | pper Fer | ry Road | - | l.l | CENO | NU | | - | | | | | |
| ☑ DOH | Amended Amendme | | | | City, S | State, Zip (| Code | | | | | | | | | | | |
| □ DCA | ☐ Emergend | | luding |) | Ew | ing, NJ 0 | 8629 | | | | | | | | | | | |
| (NJAC 5:23-8) | justification | | naamig | Q. | Name | of Contac | :t | | Telephone Nu | mber | | | | | | | | |
| | ☐ Cancellat | ion | | | Ric | k Depao | la | | | | | | | | | | | |
| | | | | | FΔ | CILITYIN | FORMATION | | | - | | | - | | | | | |
| Name of Facility Where A | Abatement is T | aking | Place | (3) | | OILII I | TOTALIZATION | Type of Facility (| 4) | | | | | | | | | |
| Residence | | uning. | 1 1000 | (0) | | | | School (K-12) | | | | | | | | | | |
| Street Address | | | | | | - C | | Subchapter 8 | | 12) | | | | | | | | |
| ower rudices | | | | | | | | Other (i.e., pri | ivate and comm | ercial bu | iilding | S, | | | | | | |
| City (5) | | - | | | | | | homes, etc.) Square Feet | # of Floors | DI | da A | 20 | | | | | | |
| Ewing | | | | | | | | 2000 sf | # of Floors | | dg. Aq 65 | Je. | | | | | | |
| County (6) | | | | | Cour | ti Cada / | NOTATE HOE ONLY | | 1 | | 00 | | | | | | | |
| Mercer | | | | | Cour | ity Code (| 7)(STATE USE ONLY) | Current Use (Price | or it being demo | lished) | | | | | | | | |
| | III. D. T | | | 0) | 10011 | | | Residence | | | | | | | | | | |
| Name of Monitoring Firm | . 150 m | ling O | wner (| 8) | ASCM | No. | Name of Abateme | ent Contractor (9) ntracting, Inc. | | | | | | | | | | |
| Guardian Contracti | ng, Inc. | | | | | | | | | | | | | | | | | |
| Street Address | | | | | | | | | | | | | | | | | | |
| 1889 Rte. 9, Unit 61 | , | | | | | | | | | | | | | | | | | |
| City, State, Zip Code | | | | | | | City, State, Zip Co | ode | | | | | | | | | | |
| Toms River, New Je | ersey 08755 | | | | | | Toms River, | New Jersey 087 | 755 | | | | | | | | | |
| Project Manager for Moni | itoring Firm | | | Tel | ephone | No. | Telephone No. | | License No. | | | | | | | | | |
| Nicholas Fernicola | | | | 7 | 32-349 | -9932 | 732-349-9932 | ! | 00624 | | | | | | | | | |
| Start Date (10) | S | chedu | uled C | ompl | etion Da | te (11) | Name of OSHA M | Ionitor | | | | | | | | | | |
| 07 /19 / | 17 | 0 | 7_ / | _2 | 0_/ | 17 | E.M.S.L. Ana | lytical | | | | | | | | | | |
| Occupancy Status During | Abatement (0 | Check | only o | ne) | | | Street Address | | | | | 110 700 | | | | | | |
| ☐ Facility Closed/Vacate | ed During Entir | e Peri | od of | Abate | ement | | 1056 Stelton | | | | | | | | | | | |
| ☐ Abatement Performed | | | | | | cribe | City, State, Zip Co | ode | | | team | | | | | | | |
| Time of Abatement: _ | AM | PM | V | _PN | | AM | | New Jersey 088 | 54 | | | | | | | | | |
| Scope of Work (Check all | that apply) | | | | | | 1 | | | V 25 | | | | | | | | |
| | | 222 | | | | ☐ Full Cont | ainment with Neg | ative Pressure | | | | | | | | | | |
| ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf | | | ⊠ Re | | | | ☐ Mini-Enc | | | | | | | | | | | |
| ☐ ≥ 100 St 01 ≥200 II | | | ∐ De | HOIL | OII | | | g Procedure mpted (*) and Nor | n-Friable Proced | dure | | | | | | | | |
| | | T | Is | Loca | tion | | | | | | atem | ent T | vne | | | | | |
| Location | of | | | Norm | | | Description o | ıf | | | _ | | 1 | | | | | |
| Asbestos-Containing I | |) | | | ely by ance/ | | stos Containing Ma | | Amount | Remova | Repair | nca | Enclosure | | | | | |
| TO BE ABA IN Facilit | | | | | Staff? | (1.6 | e., thermal systems surfacing, VAT, | | (Specify SF or LF) | ova | 当. | sde | uso | | | | | |
| (13) | -5 | | | (12 |) | | other miscellane | ous) | Si di Li) | = | | Encapsulate | 6 | | | | | |
| | | | Yes | No | N/A | | | | | | | O | | | | | | |
| basement | | | | | | asbest | os pipe insulatio | n | 60 If | \boxtimes | П | П | | | | | | |
| | | - | | | | | | | | | | | | | | | | |
| | | | Ш | | | | | | | | | П | Ш | | | | | |
| | | | | | | | | | | | | | | | | | | |
| | | | | П | П | | | | | | П | П | П | | | | | |
| Name of Registered Was | te Hauler | | | - | NJDEP | Waste | Cubic Yards of | Name of Regist | ered Landfill | | 1_ | _ | | | | | | |
| Guardian Contracti | | | | 100 | Hauler II | D No. | Waste | T.R.R.F. | Josef Landini | | | | | | | | | |
| Suardian Contracting, Inc. | | | | | | 3 | 2 Discount Date | | | | | | | | | | | |
| City, State | | | | | Disposal Date | City, State | | | | | | | | | | | | |
| Toms River, New Je | | | | | | | 07/21/17 | Tullytown, | Pennsylvania | 3 | | | | | | | | |
| Completed By (Print or Ty | ype) | Title | | | | | Signature | | | Date | 1 | | - 1 | | | | | |
| Nicholas Fernicola | | Pr | oject | Mar | nager | | | 7 | 1 | 7/ | 7./1 | 7 | | | | | | |

State of New Jersey - Notification of Asbestos Abatement (Pursuant to N.J.A.C. 8:60-7 and 12:120-7) GAC Project # 060-17 Date of Notification (1) Name of Building Owner/Operator (2) RUTGERS, THE STATE UNIVERSITY OF NJ 1 2017 July 6, 2017 Agencies Notified Notification Type Street Address ENVIRONMENTAL HEALTH & SAFETY DEPT.

27 ROAD 1, BLDG 4086, LIVINGSTON CAMPUS OF THE PROPERTY O ☑Initial Notification **D** EPA ☐ Amended Notification # DCA ☐ Emergency (including City, State, Zip Code X DOL PISCATAWAY, NJ 08854 justification) ☑ DEP- No Longer REQUIRED Name of Contact □ Cancelled Telephone Number X DOH MICHAEL SMITH, ENV. **HEALTH & SAFETY** FACILITY INFORMATION Name of Facility Where Abatement is Taking Place (3) Type of Facility (4) MILLEDOLER HALL, BLDG# 3010 School (K-12) ☐Subchapter 8 (other than K-12) Street Address X Other (i.e. private & commercial buildings, homes, etc.) COLLEGE AVENUE CAMPUS Sq. Feet: N/A # of Floors: 6 Bldg. Age: 60+ years City (5) County (6) County Code (7) Current Use (prior if being demolished): ACADEMIC **NEW BRUNSWICK MIDDLESEX** (State Use Only) Name of Monitoring Firm Hired by Bldg. Owner (8) ASCM No. Name of Contractor (9) ATC 0098 GREENWOOD ABATEMENT CONSULTANTS, INC. Street Address Street Address 3 TERRI LANE 268 MAIN STREET City, State, Zip Code City State, ZipCode BURLINGTON, NJ 08016 BUTLER, NJ 07405 Project Manager for Monitoring Firm Telephone Number Telephone Number License Number **BRIAN KEARNY** 609-386-8800 973-492-0477 00840 Scheduled Start Date (10) Scheduled Completion Date (11) Name of OSHA Monitor 07/15/17 07/17/17 ENVIROVISION, INC. Occupancy Status During Abatement (Check only one) Street Address ☐ Facility Closed/Vacated During Entire Period of Abatement 20-21 WARGARAW ROAD ☐ Abatement Performed Outside of Normal Facility Hours -City, State, Zip Code Describe ☑Other - Describe: Schedule: 5PM - 5AM (24 HOURS & WEEKENDS AS NEEDED) FAIRLAWN, NJ Scope of Work (Check all that apply) ☐Full Containment with Negative Pressure $\square \ge 3$ sf or ≥ 3 lf **X**Renovation ■ Mini-Enclosure X ≥ 160 sf or > 260 lf ■ Demolition ☐ Glove bag Procedure / Wrap & Cut X Non-Exempted (*) and Non-Friable Procedure Location of Asbestos-Containing Is Location Normally Used Description of Asbestos Containing Material Amount Abatement Type Material (ACM) in Facility (13) Solely by Maint./Custodial (ACM) (i.e. thermal systems insulation, surfacing, (Specify SF Staff? (12) VAT, or other miscell.) Remove Repair Encap Enclose or LF) YES NO NA Rooms 105, 107, 109 X VAT 800 SF X Name of Reg. Waste Hauler NJDEP Waste Hauler ID # Name of Registered Landfill 10 CY Cubic Yards of Waste: See Hauler Below #1 & 2 See Below G.R.O.W.S. North Landfill Hauler #1) Greenwood Abatement Consultants, Inc. - Butler, NJ 07405 Disposal Date City, State 100 New Ford Mill NJDEP # 12561 Hauler #2) Newark Carting, Inc., Newark, NJ 04509 Rd. Morrisville, Pa 07/17/2017 19067 NJ DEP # 4509 215-736-1700 Completed by (Print or Type) Date SENIOR PROJECT RAYMOND C. PEDALINO Raymond C. Pedatino July 6,2017 MANAGER

| Date of Notification (1) 06/26/2017 | | | | f Building ERT ABE | | | or (2) | | Francis | | | | | | - | | |
|---|--|-----------------|--------------------------------|-----------------------|----------------------|--------------------------------|---------------------|--|---|------------------|-------------|---------|--------------|-------------|-----------|--|--|
| Agencies Notified Type Notification | | 1 | Street A | ddress | | | | | D)- | EC | | | \mathbb{W} | E | | | |
| EPA Initial Amended Amendment | | _ | City, Sta | ate, Zip Co KA HAF | de RBOR | NJ 08 | 734 | | | JUI | L 1 | 1 | 2017 | 7 | U | | |
| DOH Emergency (i justification) Cancellation | nciuaing | | | f Contact E ABDE | LLAH | | | | Tele | ephone N | Viimh | nor | 111-11 | 8 | | | |
| Name of Facility Where Abatement is Taking | Place (3) | | FACI | LITY INFO | ORMAT | ION | Туре | of Facility | | L | UEI | ווכו | NG. | | | | |
| RESIDENTIAL Street Address | The same of the same | | | | | | | School (K- Subchapte Other (i.e. | r 8 (Othe | | | | lings, | home | es, | | |
| City (5) LANOKA HARBOR | | | | | | | 6 | etc.) re Feet 5 | # of 2 | Floors | | | ldg. A | ge | | | |
| County (6) OCEAN | | | | Code (7) USE ONLY) | | | | nt Use (Pri | | ng demo | lishe | d) | | | | | |
| Name of Monitoring Firm Hired by Building C ACER ASSOC. | wner (8) | | ASCM | /I No. | | | | tement Co D ENVIR | | | SEF | RVIC | CES | INC | | | |
| Street Address 1012 INDUSTRIAL DRIVE | | | | | | | t Addres | s IS RUN | | | | | | | | | |
| City, State, Zip Code WEST BERLIN NJ 08091 | | | | | | City, S MU | State, Zi LLICA | p Code HILL NJ | 08062 | 2 | 1775 | | | | | | |
| Project Manager for Monitoring Firm MATT DEPALMA | | | Telephoi 856-80 | ne No. 09-1202 | | | hone No -304-4 | | | License 01145 | | | | | | | |
| Start Date (10) 07/06/2017 | Schedule 07/07/2 | | | Date (11) | | Name EM: | | IA Monitor | | J. | 1 | | | | | | |
| Occupancy Status During Abatement (Check | 70 | 10 | | | | | t Addres | s 30 NOR | | T | | | | | | | |
| Facility Closed/Vacated During Entire P Abatement Performed Outside of Norm Other – Describe: RESIDENTIAL-VAC | eriod of A al Facility ANT | baten Hours | nent S | | _ | | State, Zi | p Code NSON N | J 0807 | - ₩ 7 01 | 8 | i | | | | | |
| Scope of Work (Check All That Apply) | | | | | | | | | | ು | | | | | | | |
| ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf | CONTRACTOR OF THE PERSON OF TH | enova emolit | | | | | Min Glo | Containm i-Enclosur vebag Pro n-Exempte | e cedure | | | | | | | | |
| | isi | Locati | ion | | | | | I-Exemple | u () and | I NOII-FI | Iable | | Abate | ment | | | |
| Location of Asbestos-Containing Material (ACM) | Used | ormal Sole | ly by | Ashes | De | scription | n of Material | (ACM) | Δr | mount | - | | 1 9 | pe _ | | | |
| TO BE ABATED In Facility (13) | Custo | (12) | Staff? | (i.e. | thermal surfa | system cing, V/ niscella | ns insula AT, or | tion, | (S | pecify or LF) | | Removal | Repair | Encapsulate | Enclosure | | |
| BASEMENT | Yes | No | N/A X | | DIDE II | NISH | ATION | | 71 | 5 LF | _ | Х | | Ф | | | |
| BACEMENT | | | ^ | ¥1 | 11 - 11 | NOOL | ATION | | 7. | J LI | - | Λ | | | | | |
| | | | | | | | | | | | 1 | | | | | | |
| | | | | | | | | | | | | | | | | | |
| Name of Registered Waste Hauler ASSURED ENVIRONMENTAL SER | VICES | H | IJDEP W lauler ID 034895 | No. | Cubic of Was 6 | Yards ste | | | me of Registered Landfill IINERVA LANDFILL | | | | | | | | |
| City, State MULLICA HILL NJ | | | | | | sal Date 7/2017 | | City, Star WAYN | | RG, OI | Н | | | | | | |
| Completed by RON SWANSON | Title GENI | ERA | L MAN | AGER | S | Signatu | * Just | eb | XW06 | M | Date 06/ | | 2017 | | | | |

| | | | | N OF ASBESTOS it to NJAC 8:60 ai | nd 12:120 | | 2025 | 24001 (24 | 174 | (040) | 25 /0 | 100 | |
|---|---|--------------------|--|-------------------------------------|---|---|----------------------|---------------------------|---------------|---------|-------------|-----------|--|
| Date of Notification (1) 07-05-17 | 200 | | Name Unile | of Building Owner ver | Operator | (2) | 14 | 1 | 1/4/ | 243 | 3542 017 | 43,3 | |
| Agencies Notified Type Notifica | tion | | 1 | Address | | | | ASULST | OST | Y()N | THUI | | |
| EPA Initial Amende | d | | | Sylvan Avenue tate, Zip Code | | | <u></u> | i.h | TEM | 9110 | - | | |
| DOL Amenda | nent #_5 | | No. of the last of | ewood Cliffs, N | J | | | | | | | | |
| DOH justificat | | ig | The State of | of Contact | | | Te | lenhone Nu | mber | | | | |
| DCA Cancella | ition | | 201010-000000 | ish Joshi ILITY INFORMAT | TON | | | | | | | | |
| Name of Facility Where Abatement is T | aking Place | (3) | FAC | ILIT INFORMAT | ION | Type of Facility | (4) | | | | | | |
| Street Address | | | | | | School (K | | | | | | | |
| 700 Sylvan Aveue | | | | | | Subchapte Other (i.e. | er 8 (Oth private | ner than K-1 & commerc | 2) ial bui | ildings | s. hom | ies. | |
| City (5) | | | | | | etc.) Square Feet | | of Floors | | Bldg. | | | |
| Englewood Cliffs | | | | | | oquare r cer | "" | 71 10015 | | Diuy. | Age | | |
| County (6) Bergen | 000 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 | | | Code (7) USE ONLY) | | Current Use (P | | ing demolis | hed) | | | | |
| Name of Monitoring Firm Hired by Buildi | na Owner (8 | 3) | | M No. | Name | Commercial of Abatement Co | | - (0) | | | | | |
| ALC Environmental | | 7.6 | 1.00 | | | acle Environn | | | | | | | |
| Street Address 121 West 27th Street, Suite 402 | | | | | | Address Broad Street | | | | | | | |
| City, State, Zip Code New York, NY 10001 | Xi | | | | | ate, Zip Code tadt, NJ 0707 | 72 | | | | | | |
| Project Manager for Monitoring Firm | | | Telepho | ne No. | Telepho | societies society care plan | | License N | lo. | | | _ | |
| | | | 100 | 675-5544 | | 39-6565 | | 00756 | | | | | |
| 03-18-17(2)04-04-17 | 07-31 | -17 | mpletion | Date (11) | | of OSHA Monitor -Air Inc. | | | | | | | |
| | 370 | 50 | | | | Address | 7 | | | | | | |
| Abatement Performed Outside of N | re Period of ormal Facilit | Abater | ment s | | 100000000000000000000000000000000000000 | Jackson Ave | enue | | | | | | |
| Other - Describe: | | - | | | | Island City, N | NY 111 | 01 | | | | | |
| Project Manager for Monitoring Firm Shawn Waldron Start Date (10) 03-18-17(2)04-04-17 Occupancy Status During Abatement (Check Companies) Facility Closed/Vacated During Entire Per Abatement Performed Outside of Normal Other — Describe: Scope of Work (Check All That Apply) ≥3 sf or ≥3 If | | | | | | | | | 7 | | | | |
| ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf | | Renova Demoli | | | 71/1 | i dii Containinent with Nedative Plessure | | | | | | | |
| | 1: | s Locat | ion | | | Non-Exemple | u () ani | u Non-Friad | le Pro | | e ement | | |
| Location of | | Norma ed Sole | | | scription o | | | | _ | Т | Туре | | |
| Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> | Ma | aintena stodial | nce/ | Asbestos Cont (i.e. thermal | aining Ma systems | aterial (ACM) insulation, | | mount Specify | R | _ | Enc | Ш | |
| In Facility (13) | Cus | (12) | Stall? | surfac | cing, VAT niscellane | , or | | or LF) | Removal | Repair | Encapsulate | Enclosure | |
| | Yes | No | N/A | | no och and | .000) | | | val | = | ulate | ure | |
| Building D: 2nd Floor | | | × | Fire | eproofin | a | 11 (| 000SF | x | - 10 | | | |
| Building D: 1st Floor | | | X | | VAT | 9 | | 125SF | x | | | | |
| Building D: 1st Floor | | | x | Pipe | Insulati | on | | 16LF | x | | | | |
| Building D: 3rd Floor | | | X | | proofin | | 11.0 | 000SF | x | | | | |
| Name of Registered Waste Hauler | | 10000 | JDEP W | aste Cubic | Yards | | | red Landfill | | | | | |
| ATC, Inc. / JBT (50071) | | | lauler ID 4310 | TBD | | Minerva | | rprises | | | | | |
| City, State Shirley, NY / Bronx, NY | | | | Dispos TBD | al Date | City, Stat | | OH 4468 | 0 | | | | |
| Completed by | Title | | | | gnature | Vayile | suury, | OH 4408 | | | | _ | |
| 2: 1 1 5 | 1 | | | 1 72 | -1 | 1 1/ | | Dat | | | | | |

Project Manager

Richard Doran

07-05-17

ASB-41 (R-06-08)

Title Of Project: 700 Sylvan Avenue, Englewood Cliff, NJ Additional Materials / Floors

Pg. 2

| Location of Asbestos-Containing Material (ACM) | Is Location Normally Used Solely by Maintenance or | Description of Asbestos-Containing Material (ACM) | Amount (Specify Square Feet | Abatement Type (Specify: Removal, Repair, |
|--|--|---|-----------------------------------|---|
| TO BE ABATED | Custodial Staff? (12) | (i.e., thermal systems | or | Encapsulation or |
| in Facility | | insulation, surfacing, | Linear Feet) | Enclosure) |
| (13) | | VAT | | |
| | | or other miscellaneous) | | |
| Building D: 2nd Floor | N/A | Pipe & Fittings | 1,400LF | Removal |
| Building D: 3rd Floor | N/A | Pipe & Fittings | 1,400LF | Removal |
| Building B: Basement | N/A | Fireproofing | 144SF | Removal |
| Building B: 2nd Floor | N/A | Mastic | 1,200SF | Removal |
| Building A: Ground Floor | N/A | Pipe Insulation | 6LF | Removal |
| Building A: Ground Floor | N/A | Pipe Insulation | 11LF | Removal |
| Building A: Ground Floor | N/A | Pipe Insulation | 10LF | Removal |
| Building A: Ground Floor | N/A | Debris | 100SF | Removal |
| Building A: 1st Floor | N/A | Pipe Insulation | 6LF | Removal |
| (2)Under Pedestrian Bridge between Bldgs. B&C | N/A | Pipe Insulation | 60LF | Removal |
| (2)Under Pedestrian Bridge between Bldgs. A&B | N/A | Pipe Insulation | 65LF | Removal |
| (3) Building A: 3rd Floor | N/A | Glue Dots | 15,000SF | Removal |
| (5) Building B: 2 Level Cafeteria | N/A | Mastic | 8,000SF | Removal |
| Building B: 1 st Floor | N/A | VAT | 200SF | Removal |
| Building A: 2 nd Floor | N/A | Mastic | 100SF | Removal |
| Building A: 4 th Floor | N/A | VAT | 8,000SF | Removal |



| m. | E | | | Prin | t.Form |
|-----|------|------|-----|------|--------|
| CHE | ck # | U434 | 9 1 | 2017 | |

| Date of Notification (1) 07-06-17 | | | Name of | of Building Iyatt | Owner/0 | Operator | r (2) | | The same of the sa | ASIJES | STYNE | -01 | A (1 7 1 | | | |
|---|-----------------|---------|---|--|----------|--|---------|---|--|------------|---------|--------|----------------|----------|--|--|
| Agencies Notified Type Notification | | | Street A | | | | | | | AOD! | LICE | MSI | HC. | UL B | | |
| EPA Initial | | - | | | | | | | | | | | History to the | | | |
| DOL Amendment | | | | | | 08901 | | | | | | | | | | |
| DOH justification) | 1 1000 170 | | | | Y | | | | Те | lephone N | ımher | s | | | | |
| Name of Equility Whore Abstement is Takin | a Diago (2 | 1 | FAC | ILITY INF | ORMAT | ION | T - | | | = | | | 10. | | | |
| Hyatt Regency Hotel | g Place (3 | 9) | | | | | _ | | | | | | | | | |
| Street Address | | | - | | | | | Subchapter | 8 (Oth | | | | | | | |
| 2 Albany Street | | | | | | | | | rivate | & commerc | cial bu | ilding | s, hom | es, | | |
| DEP DOL Amended Amendment # Emergency (including Justification) Cancellation Cancellation Name of Contact John Tracy School (K-12) Subchapter 8 (Other than K-12) Subchapter 9 (Other tha | | | | | | | | | | | | | | | | |
| | | - | County | Code (7) | | | | | 1 | na domolia | | 35 y | S. | | | |
| Middlesex | | | | |) | | | | | | | | | | | |
| | | | ASCN | И No. | | | | | | | | | | | | |
| | 7% | | | | | | | 7070 to | | | | | | | | |
| | | | | | | 1000100100101 | | tics entertainment of t | | | | | | | | |
| Sparta, NJ 07871 | | | | | | | | | 2 | | | | | | | |
| | | | | | 7 | 1. V. C. | | | | | No. | | | | | |
| | | | npletion | Date (11) | | | | HMMHMMMM770 | ıc. | | | | | | | |
| Occupancy Status During Abatement (Chec | k Only On | e) | | | | 0- | | | | | | | | | | |
| Facility Closed/Vacated During Entire F | Period of A | baten | nent | | | | | | et | | | | | | | |
| | iai Facility | Hours | • | | | | | | 18 | | | | | | | |
| Scope of Work (Check All That Apply) | | | | | | | | | | | | | | | | |
| | - | | \$4.00000 154.00 155.00 TC 14 | | | | | Glovebag Procedure | | | | | | | | |
| | le | Locati | on | | | | 3 140 | n-Exempled | () an | и моп-гла | Die Pr | | | t | | |
| | N | lormal | ly | | Des | scription | of | | 12) or 8 (Other than K-12) private & commercial buildings, homes. # of Floors Bldg. Age 35 yrs. ior if being demolished) Intractor (9) Intractor (9) Inental Corp. 2 License No. 00756 Inc. Peet 18 License No. 18 License No. 19 Li | | | | | | | |
| | Mai | ntenai | nce/ | | | | | | | | R | | E | m | | |
| In Facility | Custo | | Staff? | (,,,, | surfac | cing, VA | T, or | | | | emo | Repa | caps | nclos | | |
| (10) | Yes | No | N/A | | Other II | liscellal | ieous) | pe of Facility (4) School (K-12) Subchapter 8 (Other than K-12) Other (i.e. private & commercial buildings, hoetc.) uare Feet # of Floors Bldg. Age 35 yrs. rrent Use (Prior if being demolished) batement Contractor (9) e Environmental Corp. ress ad Street Zip Code it, NJ 07072 No. License No. 00756 SHA Monitor nalytical, Inc. ress st 38th Street Zip Code rk, NY 10018 Full Containment with Negative Pressure Alini-Enclosure Slovebag Procedure Non-Exempted (*) and Non-Friable Procedure Si (Specify Repair Company Company | | | | | | ure | | |
| Basement: Scale Room | | | × | | | VAT | | | 20 | 00SF | x | | | | | |
| | | | | | | | | | | | | | | | | |
| | | | | | 11 | -1111 | | | | | + | | - | \vdash | | |
| Name of Registered Waste Hauler | | | 10-22-00-20-20-20-20-20-20-20-20-20-20-20 | | | Name of F | Registe | red Landfil | 1 | 1 | | - | | | | |
| ATC, Inc. / JBT (50071) | | 7,523.5 | auler ID 1310 | No. | TBD | ste | | Minerva | Ente | rprises | | | | | | |
| City, State Shirley, NY / Bronx, NY | | | | PACILITY INFORMATION Type of Facility (4) School (K-12) Subchapter 8 (Other than K-12) Other (i.e. private & commercial buildings, etc.) Square Feet 1,237 1 Soft Fill Control (File (Fi | | | | | | | | | | | | |
| Completed by Richard Doran | Title Projec | ct Ma | nager | | S | ignature | No | | | | | | | | | |

| Date of Notification (1) | _ | +- | | Name | of Buildi | 20 | 10 | / | | 1111 | J1 (π 1 | 70 | | | |
|---|----------------|---|---------------------------|------------------------------|--|---------------------|------------------------------------|--------------|--|------------|---------------------------|----------------|---------|-------------|-----------|
| 07/06/2017 | | | | RO | BERT A | BDELL | HA | or (2 | 2) | -1 | , JUL | | 201 | 1 | المشا |
| Agencies Notified Type Notification EPA DEP DOL Initial Amended Amendment | | | | City, S | Address State, Zip IOKA H | Code | N.I na | 272 | | AS | DBESTO: | S CO | | ÜL 8 | |
| DOH justification) | 1 | ndudin | g | Name | of Conta | ct | | | • | Te | elephon | | | | |
| | | | | | CILITY IN | | | | | - | | _ | | | |
| Name of Facility Where Abatement is Takin RESIDENTIAL | ng | Place | (3) | | | | 11014 | T | ype of Facility | y (4) | | | | | |
| Street Address City (5) | | | | | | | | | School (K Subchapt Other (i.e etc.) | ter 8 (Oth | ner than K- & commer | 12) cial bu | uilding | s, hor | mes, |
| LANOKA HARBOR | | | | | | | | | quare Feet 2195 | #0 | of Floors | | Bidg. | Age | |
| County (6) OCEAN | | | | Count (STATE | Code (7 | n | | C | urrent Use (P RESIDENT | rior if be | ing demoli | shed) | | | |
| Name of Monitoring Firm Hired by Building ACER ASSOC. | O | vner (8 | 3) | ASC | M No. | | Name | of SUI | Abatement C RED ENVII | ontractor | (9) FNTALS | FRV | ICE | 2 INI | |
| Street Address 1012 INDUSTRIAL DRIVE | | | | | | | Street | t Ad | dress EMS RUN | | | , E114 | 1020 | אוו כ | J. ——— |
| City, State, Zip Code WEST BERLIN NJ 08091 | | | | | | | City, S | State | e, Zip Code CA HILL N. | | ^ | | | | |
| Project Manager for Monitoring Firm MATT DEPALMA | | | | | one No. | 2 | Teleph | hone | | 0 0000 | License I | No. | | | |
| Start Date (10) 07/13/2017 | S | chedu | ed Co | mpletion | Date (11 | | | of (| OSHA Monito | r | 01145 | | Y | | |
| Occupancy Status During Abatement (Check | | Only One) Street Address | | | | | | | | | | | | | |
| Facility Closed/Vacated During Entire P Abatement Performed Outside of Norm Other – Describe: RESIDENTIAL-VAC | er ai Ai | ed of A | Abater Hour | ment | | | 200 City, S | RT | , Zip Code MINSON N | STREET, TO | | | | | |
| Scope of Work (Check All That Apply) | | | | | | | Ollvi | IVA | NINSON N | 17 0807 | 7 | | | | |
| ≥3 sf or ≥3 if ≥160 sf or ≥260 if | | Renovation Demolition Full Containment with Negative Pre Mini-Enclosure Glovebag Procedure Non-Exempted (*) and Non-Friable | | | | | | | | | | | | | |
| | | | Locat | | | | Dane | mi 5 | 4011-EXEMPLE | d (*) and | Non-Frac | le Pro | | e emen | |
| Location of Asbestos-Containing Material (ACM) | | Use | lomal d Sole | ly by | Asbes | Des | scription | of Istar | rial (ACM) | | | - | T | rpe | _ |
| TO BE ABATED In Facility (13) | | Cust | intena odiai s (12) | nce/ Staff? | (i.e | thermal . surfac | systems sing, VAT niscelland | ins T. or | ulation, | (S | nount pecify or LF) | Remova | Repair | Encapsulate | Enclosure |
| BASEMENT | | Yes | No | N/A X | | DIDC II | 10: 11 4: | | | | | = | | ate | ľ0 |
| | H | | | _ | | PIPE IN | VSULA | TIC | DN | 14 | 5 LF | X | | | |
| | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | |
| Name of Registered Waste Hauler ASSURED ENVIRONMENTAL SER\ | 1 | CES | H | JDEP W auler ID 034895 | No. | Cubic of Was | | | | | ed Landfill | | | | |
| City, State MULLICA HILL NJ | | | | | | Disposi 07/14 | | | City, State | 9 | | | | | |
| Completed by RON SWANSON | | itle | | | 88° 2001 - 2000 - 2000 - 2000 - 2000 - 2000 - 2000 - 2000 - 2000 - 2000 - 2000 - 2000 - 2000 - 2000 - 2000 - 2 | | gnature | 7 | WAYNE | SBUR | To the second | | | | |
| NOONANGON | 4 | BENE | -RAL | MANA | GER | | 17 | Kan | all Dw | CUIDIN | 1 Dat 07 | e /06/2 | 2017 | V2 | |

| | | | | | | | | | | 1101- | 追, [6] | <u>E</u> | - W | FI | 10 | | |
|--|--|-------------------|----------------------|----------------|---|--------------------|------------------|--------------------|--|---------------|--------------------------|----------|---------|-------------|-----------|--|--|
| Ch 1078 | | | | ursuani | tate of Ne N OF ASB t to NJAC | 8:60 and | ABATE 112:12 | 0) | т | | JUL | 1 1 | 201 | 7 | | | |
| Date of Notification (1) 06/22/2017 | | | | | of Building | | • | | | A.S | DESTO: | 3.00 | | | | | |
| | Notification | | | | Address | NOFER | TIES | LLC | ,. | | | NO. | | JL & | | | |
| | | | | | MORRIS | S AVE. | SUIT | E 20 | 16 | | | | | | | | |
| Second Second | Initial Amended | | F | City, St | ate, Zip Co | ode | | | | | | | | | | | |
| DOL C | Amendment | | | UNIO | N NJ. 07 | 7083 | | | | | | | | | | | |
| X DOH | Emergency justification) Cancellation | | | | of Contact HERN | ANDEZ | ē. | | Telephone Number | | | | | | | | |
| | | | | | ILITY INFO | | | - | | | | | | | | | |
| Name of Facility Where Abaten | nent is Takin | g Place (| 3) | | | | | Тур | e of Facility | (4) | | | | | | | |
| PRIVATE | | | | | | | | | School (K | -12) | | | | | | | |
| Street Address | | | | | | | | X | Subchapt Other (i.e. | er 8 (Oth | er than K-1 & commerc | 2) | dinaa | hom | | | |
| Cit. (E) | | | | | | | | | etc.) | | | | 11570 | | es, | | |
| City (5) ELIZABETH NJ, 07201 | | | | | - | | | 1.000 | are Feet | | Floors | E | Bldg. A | \ge | - | | |
| County (6) | | | | Count | Codo (7) | | | | 2,000 | 2 | | | 91 | | | | |
| ESSEX | | | Code (7) USE ONLY | | | CUI | rent Use (P | rior if bei YES | | ned) | | | | | | | |
| Name of Monitoring Firm Hired N/A |) | ASCI | M No. | - | Name of Abatement Contractor (9) NORTH EAST ENVIRONMENTAL LLC. | | | | | | | | | | | | |
| Street Address | | , | | No. | Street | | ess 1 ST. | | | | | | | | | | |
| City, State, Zip Code | | | | | | | | | Zip Code | | | | | | | | |
| ,,, <u> </u> | | | | | | | | | BERGEN | I N.I. 07 | 047 | | | | | | |
| Project Manager for Monitoring | Firm | | - | Telepho | ne No. | | Teleph | | | | License N | lo. | | | | | |
| N/A | | | | | | | | | -0642 | | 01300 | 101 | | | | | |
| Start Date (10) 06/24/2017 | | Schedul 06/25/ | | | | | | | SHA Monito | | | | | | | | |
| Occupancy Status During Abate | ement (Chec | | | | | | Street | | | 712 1140 | | | | | | | |
| Facility Closed/Vacated Du | | | -5 | nent | | | | | 8 ST. | | | | | | | | |
| Abatement Performed Out: | side of Norm | nal Facility | y Hours | io | | - | City, S | tate, | Zip Code | | | | | | | | |
| Other – Describe: | | | | | | | NEV | V YC | ORK NY. | 10018 | | | | | | | |
| Scope of Work (Check All That | Apply) | 0-00 | | | | - | | | | | | | | | | | |
| ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf | and the state of the same of t | Property | Renova Demolit | | | | | I M | ull Containr lini-Enclosu llovebag Pro on-Exempto | re ocedure | | | | _ | | | |
| | | lo | Locati | on | | | | | or Exempt | T Tark | rivon-i nat | 1 | Abate | | | | |
| Location of | | | Normal | ly | | Dec | cription | of | | | | | | pe | | | |
| Asbestos-Containing Materia | el (ACM) | | ed Sole | | | tos Conta | ining N | fateri | al (ACM) | A | mount | | | т | | | |
| TO BE ABATED In Facility | | 1 | todial S | | (i.e. | thermal s | ystems ng, VA | | llation, | | pecify or LF) | Rer | R | Encapsulate | Enclosure | | |
| (13) | | | (12) | | | other mi | | | :) | 5 | Of Li') | Remova | Repair | psul | losu | | |
| | | Yes | No | N/A | | | | | | | | <u>a</u> | | ate | re | | |
| FLAT ROOF SHE | D | | Х | | Roof | (Black | memb | ane |) ACM | 8 | O SF. | X | | | | | |
| | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | |
| la-caf David | | | | | | | | | | | | | | | | | |
| lame of Registered Waste Haul | | | 1 | JDEP Wauler ID | 1 | Cubic Y of Wast | | | Name of | f Registe | red Landfill | | - | | | | |
| RI - STATE ASSOCC IN | 1 323 | 9951 | | TBD | 77 | | MINE | RVA EN | ITERPR | ISE | INC | | | | | | |
| ity, State | | | Disposa | | | City, Sta | ite | | | | | | | | | | |
| RONX NY. | | and an analysis | TBD | | | | | RG OHIO | 0 | | | | | | | | |
| Completed by | | Title | | | 1 | Sig | nature | 73 | | 1 | Da Da | ite | | | | | |
| CARLOS ESOLIIVEI | | ICALL | TV n | MANIAC | ZED | | 11. | and the same | / | 1.1 | 011400 | | - | | | | |